

Name  
in  
Full

CERTIFICATE OF DEATH

*John L. Alexander*

TO BE ANSWERED BY  
NEAREST FRIEND

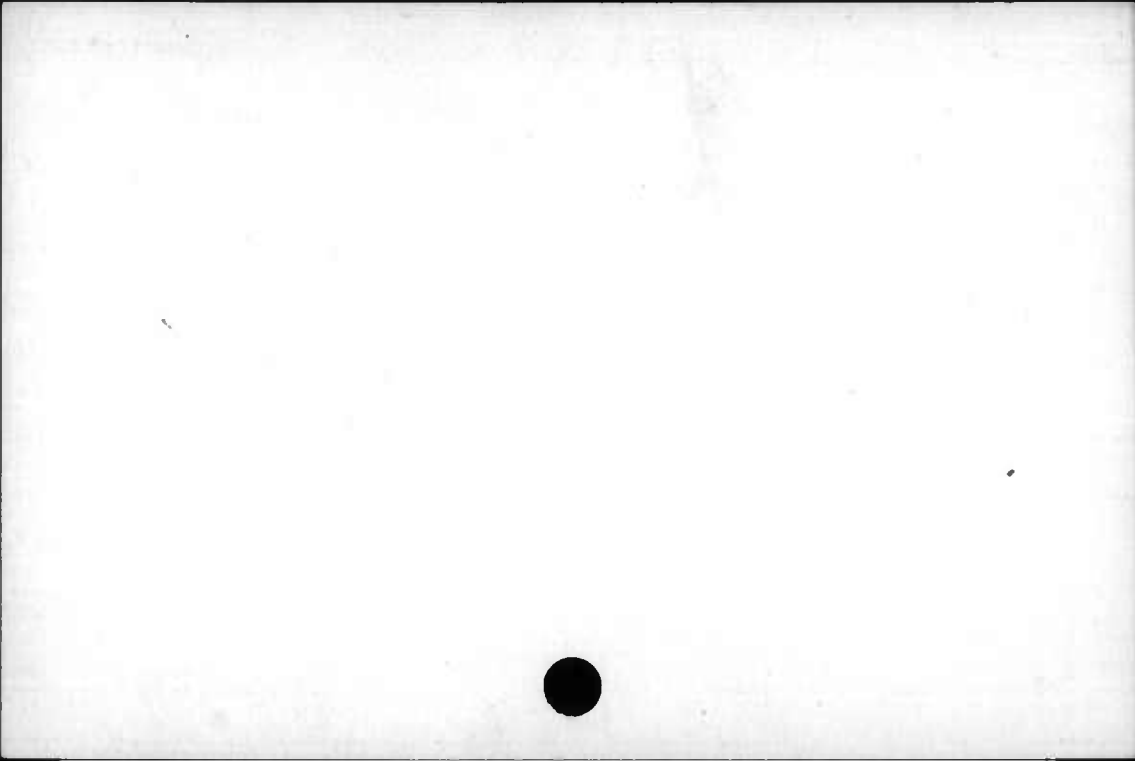
Died at <i>Atthal</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>1</i>	Age	Years	Months
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Atthal</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Earl Alexander</i>			Father's Birthplace <i>Mid</i>		
Mother's Maiden Name <i>Pheney Bailey</i>			Mother's Birthplace <i>Mid</i>		
Name of person giving information <i>Earl Alexander</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

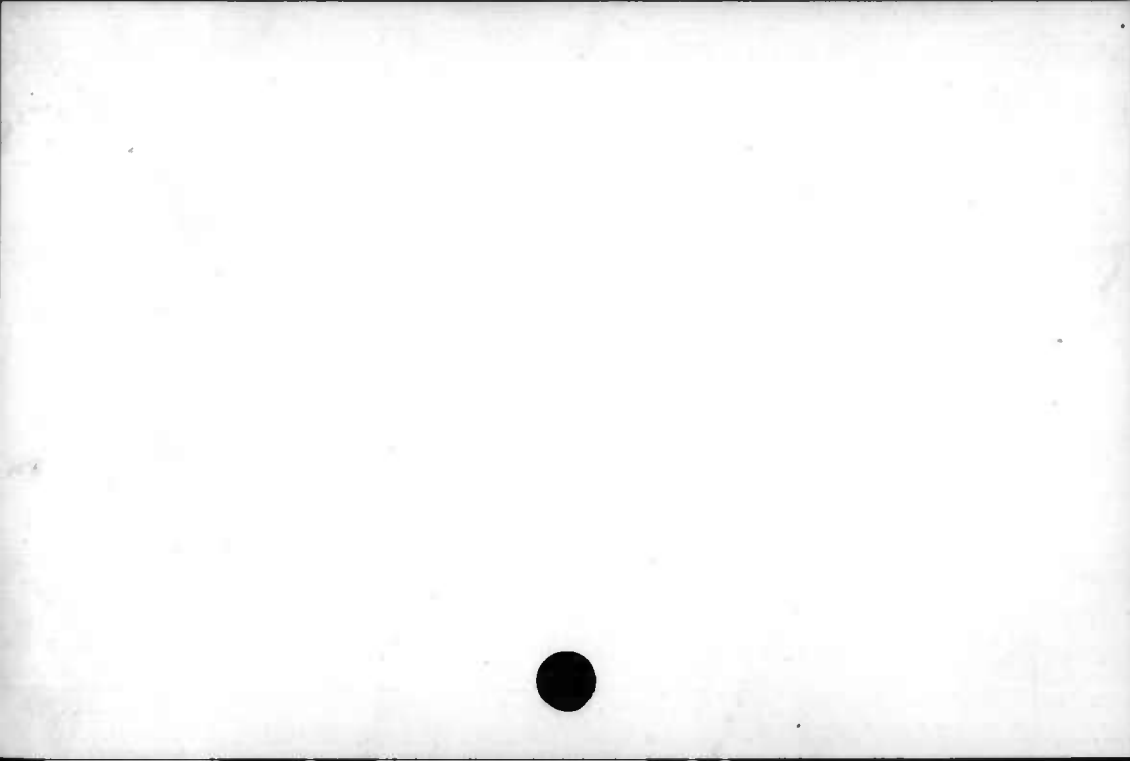
**(179)**

PHYSICIAN  
OR CORONER

Primary	<i>Unknown</i>	How long
Immediate	<i>- - -</i>	How long <i>one Day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. L. English coroner</i>
		Address <i>Maria Springs Maryland</i>
Accident or Suicide?		



Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Salisbury</u> Town		County <u>Wicomico</u>		
		Date of death <u>1907</u> <u>Feb</u> Month		<u>51</u> Day	Age Years	<u>4</u> Months
		Sex <u>Female</u>		Color or Race <u>White</u>	Birth-place <u>MD</u>	<u>52</u> Days
		Occupation		Where Residing if not at place of death		
		Married, Single or Widowed		Name of Wife or Husband		
		Father's Name <u>William H Bennett</u>		Father's Birthplace <u>Indiana</u>		
		Mother's Maiden Name <u>Mary E Hastings</u>		Mother's Birthplace <u>MD</u>		
		Name of person giving information <u>William H Bennett</u>		How related to deceased <u>Father</u>		
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	<u>Acute Bronchitis</u> <b>(90)</b>			How long <u>few days</u>	
	Immediate	<u>Heart failure</u>			How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>F. M. Clements M.D.</u>			
			Address <u>Salisbury Md</u>			
Accident or Suicide?		<u>No</u>				



Name  
in  
Full

Infant Dead both

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1907	Month <i>Feb</i>	Day <i>1</i>	Age Years —	Months <i>0</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place		
Occupation —			Where Residing if not at place of death		
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name <i>Chas. E. Booth</i>		Father's Birthplace <i>Salisbury Md</i>			
Mother's Maiden Name <i>Nettie J. Lilly</i>		Mother's Birthplace <i>Hagerstown</i>			
Name of person giving In formation <i>Chas. E. Booth</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Don't know</i>	How long <i>Still Born</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. W. Todd</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name  
in  
Full

Still Borned Child - Bonds

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mandula spgs</i>		Town <i>Wicomico</i>		County		MARYLAND	
Date of death <i>1907 February 26</i>	Month	Day	Age	Years	Months	Days	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Mandula spgs</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Thomas R. Bonds</i>			Father's Birthplace <i>Mandula</i>				
Mother's Maiden Name <i>Anderson Bonds</i>			Mother's Birthplace <i>Mandula</i>				
Name of person giving information <i>11 11</i>			How related to deceased <i>mother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born.</i>	How long	<i>—</i>
Immediate	<i>Still Born.</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Bedonin</i>	
		Address <i>Mandula Spgs. Md</i>	
Accident or Suicide?			





Name  
in  
Full

Charlotte E. Carey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Smithland</i>		County <i>Wicomico</i>		STATE <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>Feb.</i>	Day <i>26<sup>th</sup></i>	Age <i>73</i>	Months <i>4</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Maryland</i>			
Occupation <i>Housekeeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Wm H. Carey</i>				
Father's Name <i>James Bussells</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Sally Pollitt</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Lonis Bussells</i>	How related to deceased <i>Nephew</i>				

## CAUSES OF DEATH

(98)

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Emphysema, Kidney &amp; Heart infic.</i>	How long <i>2 or 3 years</i>
Immediate <i>Uraemia</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis Williams M.D.</i>
	Address <i>Orheling Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

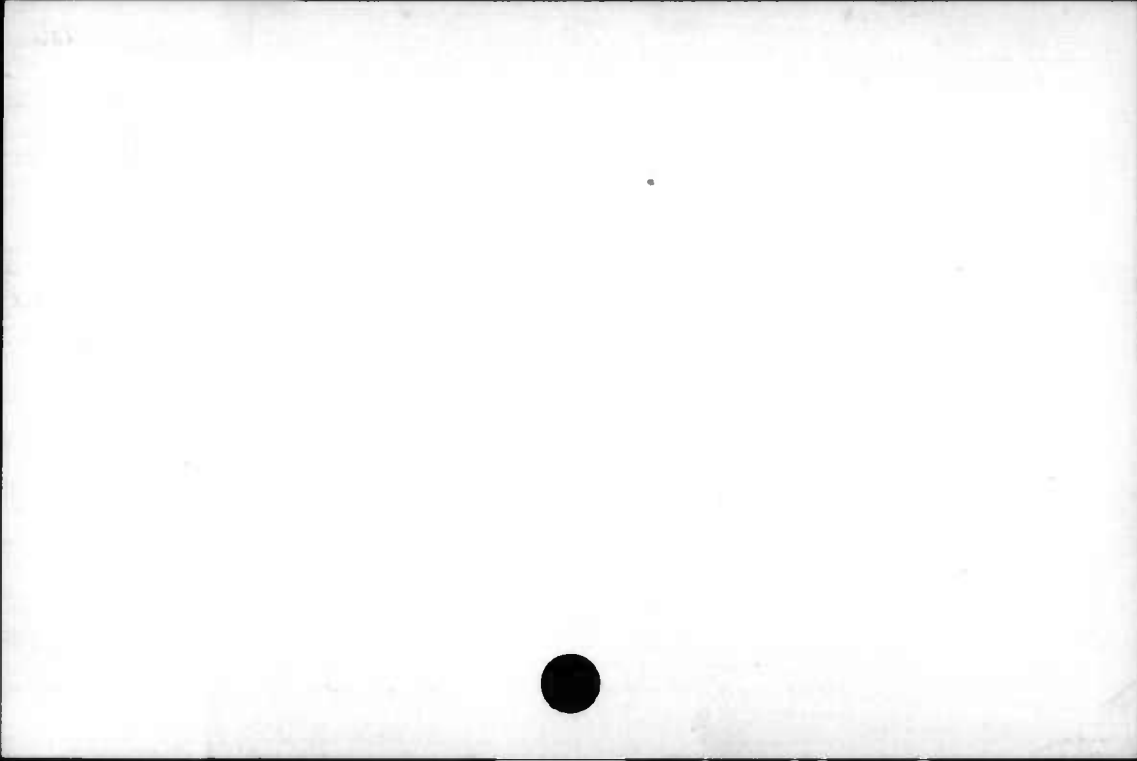
Name in Full <i>Minnie W. Carey</i>		Town <i>Freeland</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Freeland</i>		Date of death <i>1907</i>		Month <i>Feb</i>		Day <i>2nd</i>	
Age <i>14</i>		Years <i>14</i>		Months <i>0</i>		Days <i>10</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>W. Washington Carey</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mollie W. Hobbs</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Sidney L. Brown</i>		How related to deceased <i>Brother in Law</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>6 months or more</i>	
Immediate <i>General Infection &amp; Septicemia</i>		How long <i>6 months</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Louis W. Morris M.D.</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide?			



Name  
in  
Full

Little Hester Bonaway

## CERTIFICATE OF DEATH

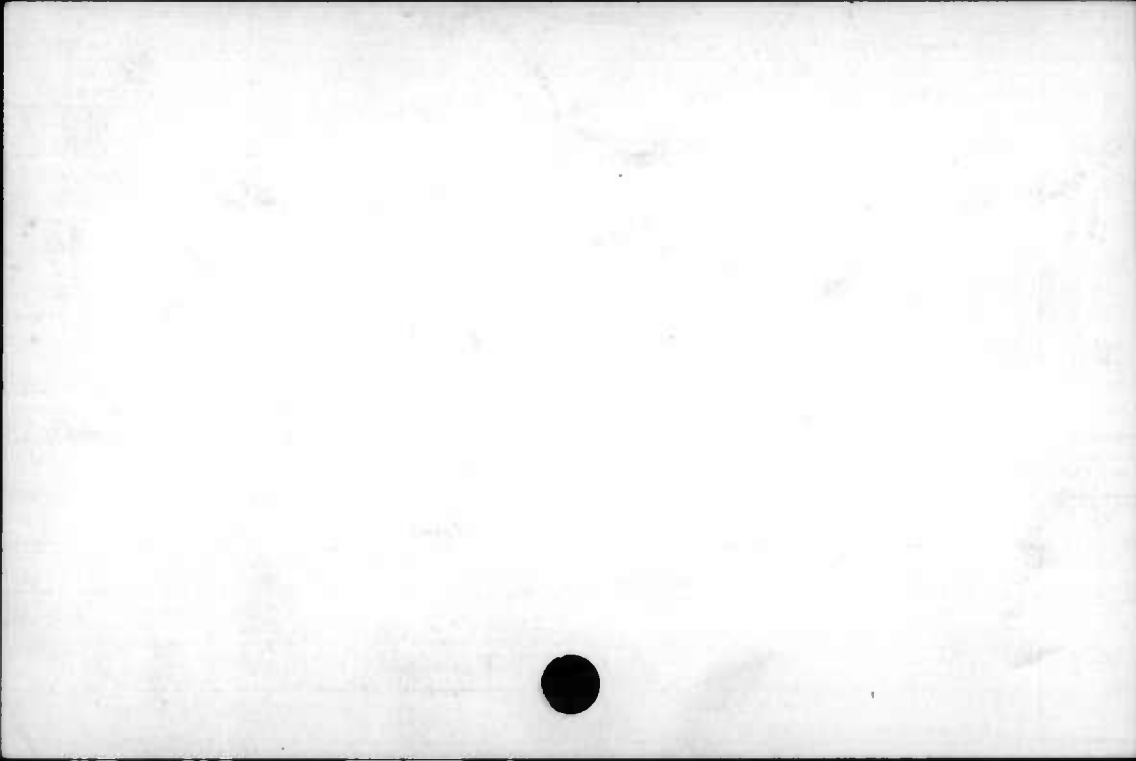
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Nanticoke</u> <sup>Town</sup> <u> Md </u> <sup>County</sup> <u> Wicomico </u>		MARYLAND	
Date of death <u>1907</u> <sup>Month</sup> <u>February</u> <sup>Day</sup> <u>Monday</u> <sup>Years</sup> <u>4</u> <sup>Months</sup> <u>8</u> <sup>Days</sup>	Age <u>4</u> years <u>8</u> months <u>8</u> days		
Sex <u>female</u>	Color or Race <u>Colard</u>	Birth-place <u>Nanticoke</u>	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed <u>child</u>	Name of Wife or Husband <u>Jennie Bonaway</u> <u>Has Bonaway</u>		
Father's Name <u>Has Bonaway</u>	Father's Birthplace <u>Nanticoke</u>		
Mother's Maiden Name <u>Jennie Bonaway</u>	Mother's Birthplace <u>Wettersville</u>		
Name of person giving information <u>Has Bonaway</u>	How related to deceased <u>father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Croup</u>	How long <u>12 hours</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. J. H. O'Day</u>
	Address <u>Laurelville</u>
Accident or Suicide?	<u>no</u>



Name  
in  
Full

Margaret A Eawano

## CERTIFICATE OF DEATH

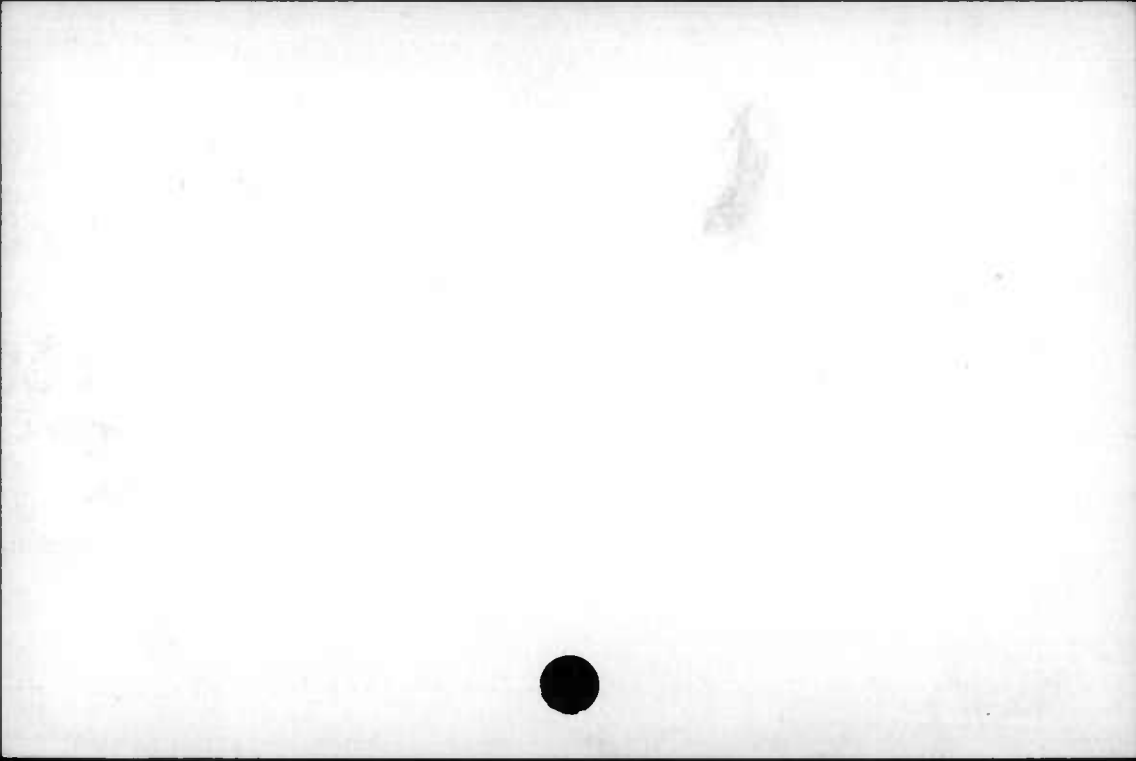
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mardela		County Anne Arundel		MARYLAND	
Date of death	1907	Month 2	Day 14	Age 70	Years	Months 2	Days
Sex	Female		Color or Race	white		Birth- place	Del
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	Henry Eawano			
Father's Name	Herbert B. Bradley				Father's Birthplace	Del	
Mother's Maiden Name	Elizabeth Gillis				Mother's Birthplace	Del	
Name of person giving In formation	Annie Windsor				How related to deceased	Daughter	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	(93)	How long	2 Weeks
Immediate				
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. D. English Coroner
			Address	Mardela spgs Md.
Accident or Suicide?				





Name  
in  
Full

Amelia Corinne Fitch

## CERTIFICATE OF DEATH

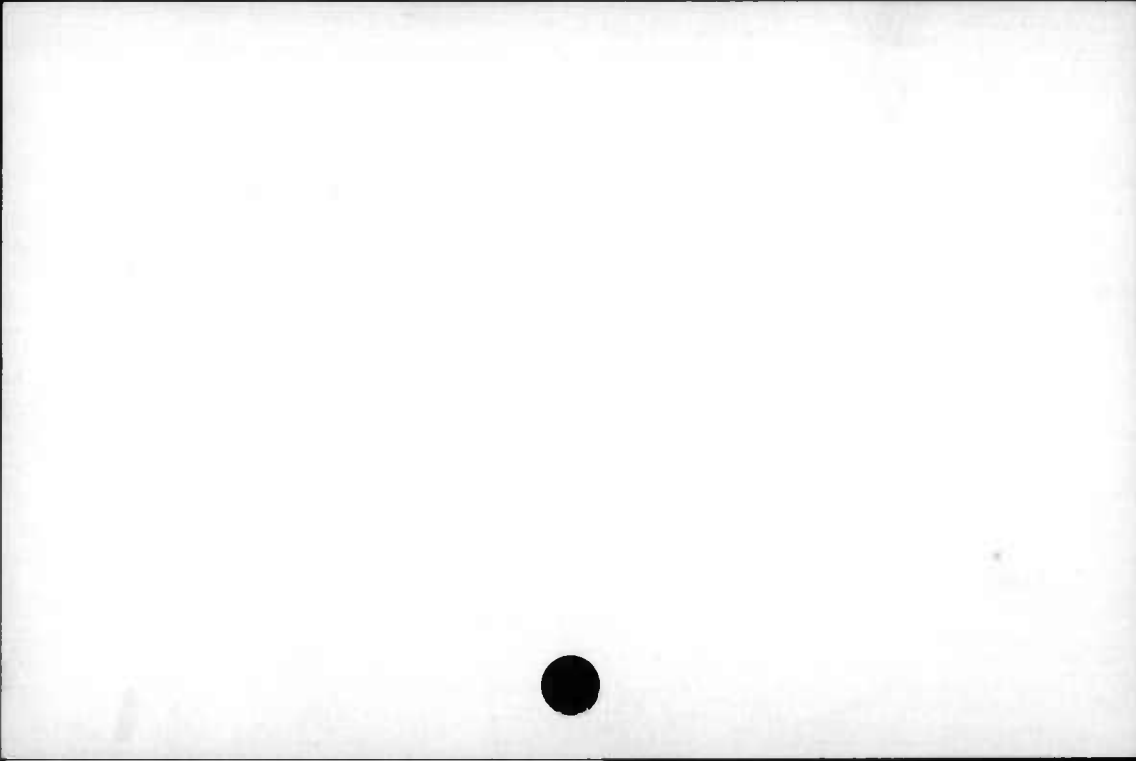
TO BE ANSWERED BY  
NEAREST FRIEND

Died at 4.30 P.M.		Town Salisbury		County Wicomico		MARYLAND	
Date of death 1907	Month Feb.	Day 9	Age 1 yr. 4 mo.	Years 19	Months 1	Days 1	
Sex Girl		Color or Race White		Birth-place Salisbury, Md.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Harold H. Fitch				Father's Birthplace Chicago			
Mother's Maiden Name Nettie Clyde Mills				Mother's Birthplace Salisbury			
Name of person giving information Nettie Mills Fitch				How related to deceased Mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Grippe	How long	Indefinite
Immediate	Spinal Meningitis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Stearns M.D.	
Yes		Address Salisbury Md.	
Accident or Suicide?			



Name  
in  
Full

Mrs. Elizabeth E. Griffith

## CERTIFICATE OF DEATH

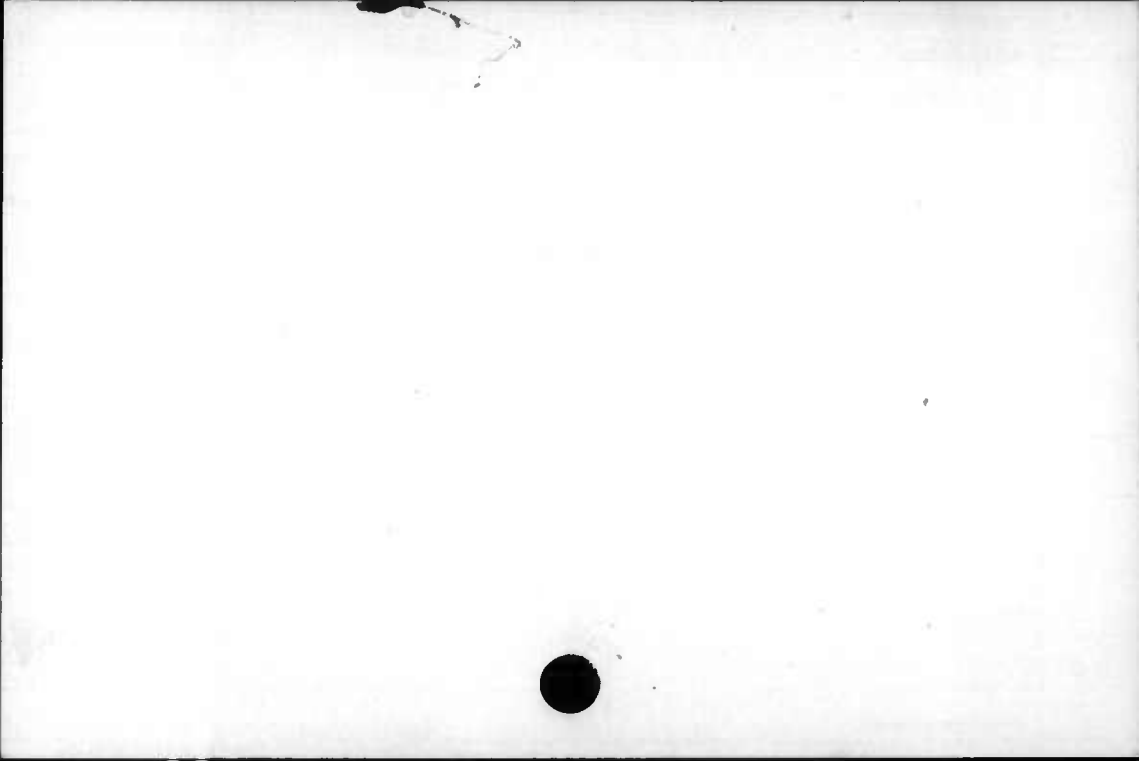
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Allen</u> Town		<u>Thomica</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>February</u>	Day <u>26</u>	Age <u>67</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>None</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John J. Griffith</u>				
Father's Name <u>R. D. Robertson</u>	Father's Birthplace <u>Thomica</u>		Mother's Birthplace <u>Thomica</u>		
Mother's Maiden Name <u>Susan M. Holt</u>	How related to deceased <u>Brother</u>		Name of person giving information <u>R. G. Robertson</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Bulbar paralysis.</u>	How long <u>1 week</u>
Immediate <u>Exhaustion &amp; irritation</u>	How long <u>Two days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>McGraw (Consultant)</u>
Accident or Suicide? <u>No</u>	Address <u>Salisbury, Md</u>



Name  
in  
FullInfant no name - *Hearn*

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Allen</i> <sup>Town</sup>		<i>Wisconsin</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i> <sup>Month</sup>	<i>Feb</i> <sup>Day</sup>	<i>10</i> <sup>Years</sup>	Age	<i>24</i> <sup>Months</sup> <i>24</i> <sup>Days</sup>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth place	<i>Mo</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Robert J. Hearn</i>		Father's Birthplace	<i>Mo</i>
Mother's Maiden Name		<i>Marie Parker</i>		Mother's Birthplace	<i>Mo</i>
Name of person giving information		<i>Robert J. Hearn</i>		How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>No diagnosis</i>	<i>(151)</i>	How long	<i>1 week</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	
			Address	
			<i>Albany, Mo.</i>	
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Feb.</i>	Day	<i>2</i>
Age	<i>72</i>	Years	<i>3</i>	Months	<i>21</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Salisbury</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Dr Isaac H Houston</i>		
Father's Name	<i>Dr Wm H Rider</i>		Father's Birthplace	<i>Salisbury Md</i>	
Mother's Maiden Name	<i>Mary Ross</i>		Mother's Birthplace	<i>Delaware</i>	
Name of person giving information	<i>Mary L Houston</i>		How related to deceased	<i>Daughter</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Intestinal neoplasia</i>	How long	<i>120</i> <i>8 years</i>
Immediate	<i>Uræmic coma</i>	How long	<i>Three days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. M. Lewis</i>
Address	<i>Salisbury, Md.</i>		
Accident or Suicide?	<i>No</i>		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Lupina Jenkins

Died at *Mar Salisbury*

Town

Worcester

County

MARYLAND

Date  
of death 1907 Feb

Month

Day

28

Age 70

Years

Months

Days

Sex Female

Color or  
Race WhiteBirth-  
place IndOccupation  
HouseworkWhere Residing if not  
at place of deathMarried, ~~Single~~  
or Widowed MarriedName of ~~Wife or~~  
Husband

Daniel J Jenkins

Father's  
Name *Wish Hooks*Father's  
Birthplace IndMother's  
Maiden Name *Dont Know*Mother's  
Birthplace *Dont know*Name of person giving  
In formation *Randall Smulling*How related  
to deceased *not related*

## CAUSES OF DEATH

Primary *La Grippe, Gastro-Intestinal infec.*How long  
*5 or 6 days*Immediate *Heart failure*How long  
*not known*Are the name, age, sex, color, date  
and place correctly given above? *yes*Signature of  
Physician *Louis W. Morris M.D.*

Address

*Salisbury Ind.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

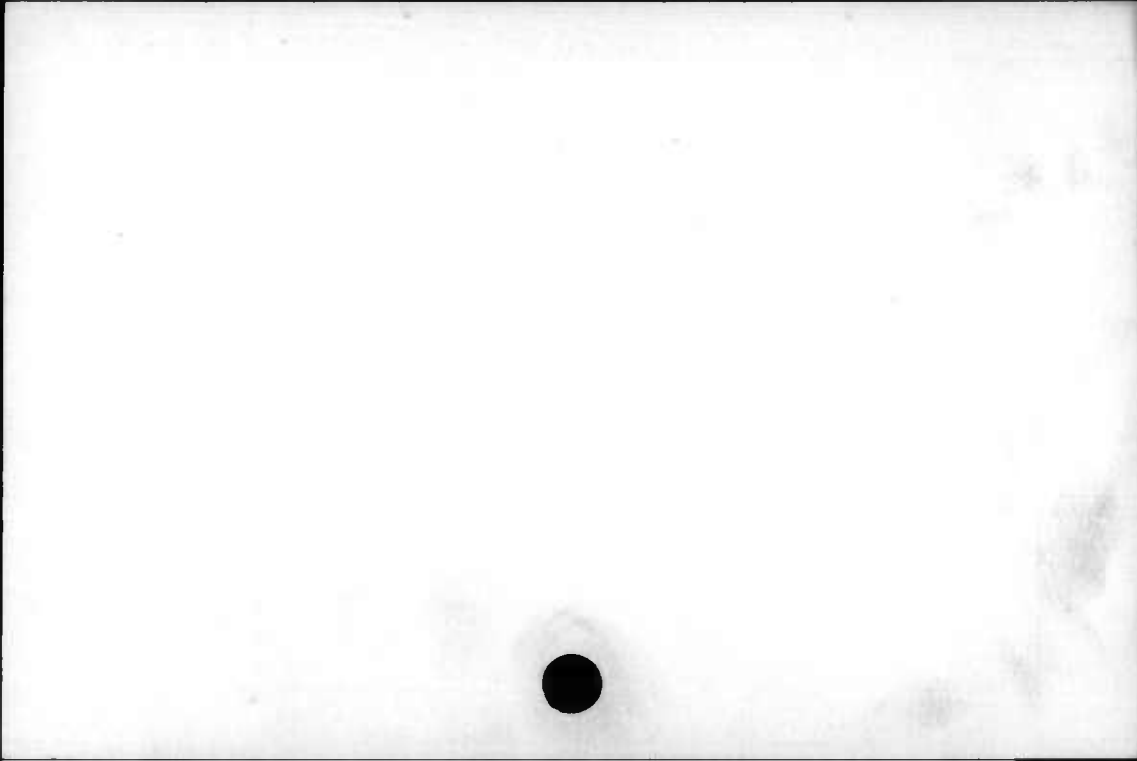
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Widomier</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb</i>	Day <i>13</i>	Age	Years <i>7</i> Months <i>18</i> Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Salisbury MD</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Thomas M Livingston</i>			Father's Birthplace <i>S C</i>		
Mother's Maiden Name <i>Beryl McElhenry</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Thomas M Livingston</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Indigestion</i>	<i>(104)</i>	How long	<i>one or two days</i>
Immediate	<i>Heart failure</i>		How long	<i>few hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. M. Clemens M.D.</i>		
		Address <i>Salisbury Md.</i>		
Accident or Suicide?				



Name  
in  
Full

Myrtle E. Cliphant

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

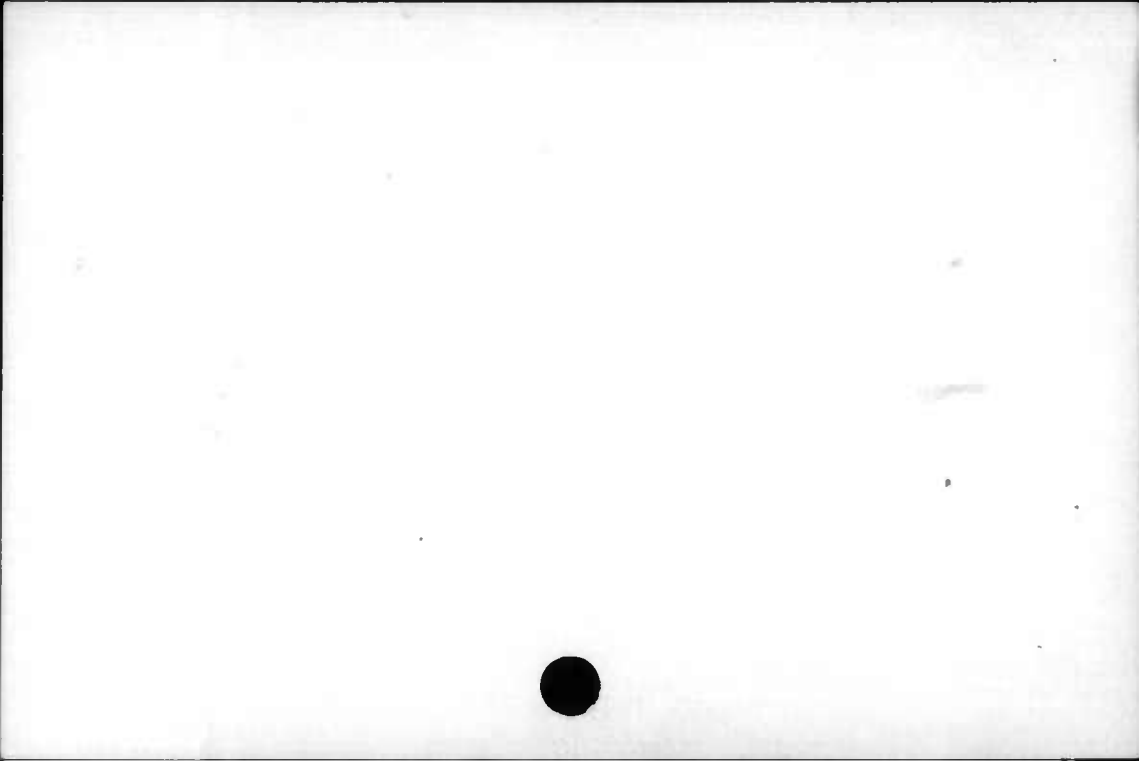
Died at <i>Near Zion Church</i>		Town <i>'</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb.</i>	Day <i>10<sup>th</sup></i>	Age <i>One</i>	Years <i>0</i>	Months <i>10</i>	Days <i>10</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Near Zion Md.</i>				
Occupation <i>~~~~~</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband				
Father's Name <i>Edward W. Cliphant</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Clara E. Sheward</i>			Mother's Birthplace <i>..</i>				
Name of person giving information <i>Eugene M. Cliphant</i>			How related to deceased <i>Grand Uncle</i>				

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis</i>	How long <i>10 days</i>
Immediate <i>Cerebral Complications</i>	How long <i>1 or 2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. M. Stenous M. D.</i>
	Address <i>Dalisbury Md.</i>
Accident or Suicide? <i>No</i>	



Name  
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Full

Ryas Fulton Parsons

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

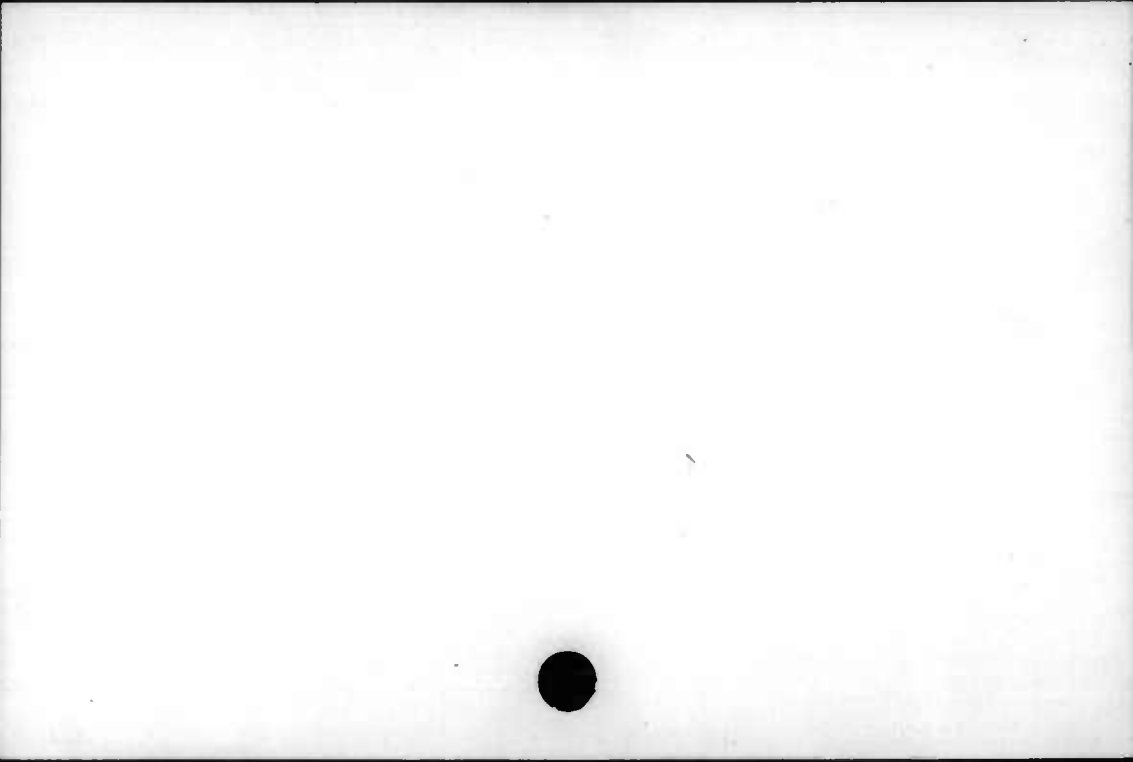
Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	<i>1907 Feb</i>	Day	<i>28</i>	Age	<i>1</i>
Sex	<i>male</i>	Color or Race	<i>White</i>	Birth-place	<i>Salisbury Md</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>George E. Parsons</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Mary D. Branch</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Mary D. Parsons</i>			How related to deceased	<i>Mother</i>

## CAUSES OF DEATH

146

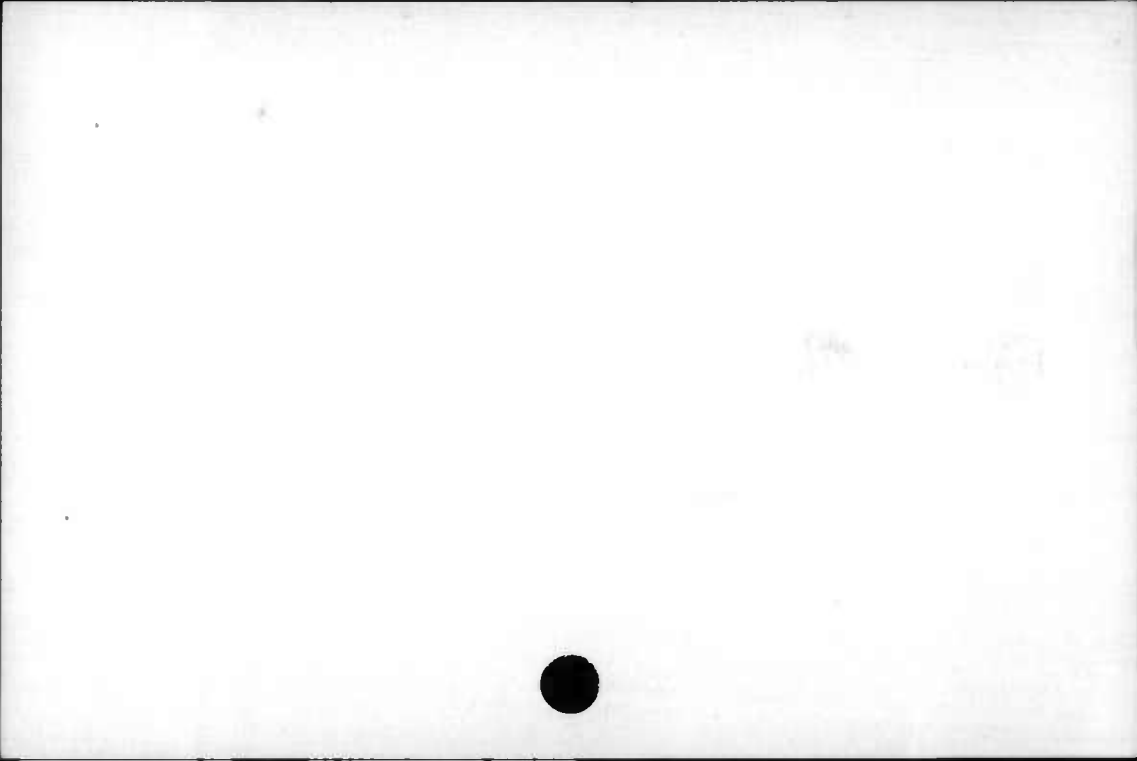
PHYSICIAN  
OR CORONER

Primary	<i>Mastoiditis, with Pneumonia</i>	How long	<i>10 days</i>
Immediate	<i>Sepsis</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Harry Tree</i>
		Address	<i>Salisbury, Md</i>
Accident or Suicide?			





Name in Full		Henry E Sayre				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Salisbury		Wicomico		MARYLAND		
	Date of death	1907	Month 2	Day 25	Age 68	Months -	Days -	
	Sex	male		Color or Race	White		Birth-place	New Jersey
	Occupation	Carpenter		Where Residing if not at place of death		Bridgeport N.J.		
	Married, Single or Widowed	Widower		Name of Wife or Husband		-		
	Father's Name	- Unknown				Father's Birthplace	Unknown	
	Mother's Maiden Name	- Unknown				Mother's Birthplace	Unknown	
	Name of person giving information	Mary A. Brody				How related to deceased	none	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">39</div>								
PHYSICIAN OR CORONER	Primary	Cancer of Lungs				How long	3 years	
	Immediate	Heart Failure - unknown				How long	30 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
					Address			
				Gardiner Springs N.Y.				
				Salisbury Md				
Accident or Suicide?								



Name  
in  
Full

Frederick Pitts Taylor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Salisbury Town

Wicomico County

MARYLAND

Date of death 1907 Feb

Day 25

Age

Years 1

2

Months

Days

Sex male

Color or  
Race

Black

Birth-  
place

Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

George E Taylor

Father's  
Birthplace

Md

Mother's  
Maiden Name

Ida Bowen

Mother's  
Birthplace

Md

Name of person giving  
Information

George E Taylor

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Cold

(92)

How long

Immediate

Pneumonia

How long

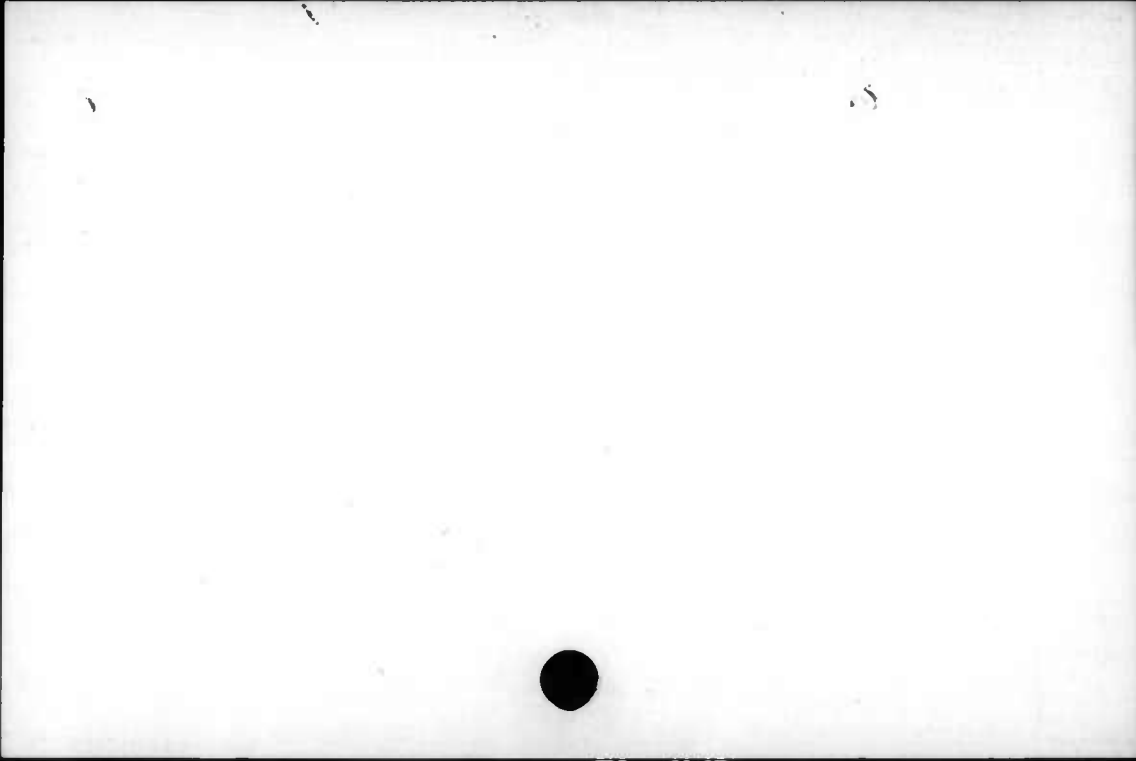
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Dr C R Smith

Address

Salisbury Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

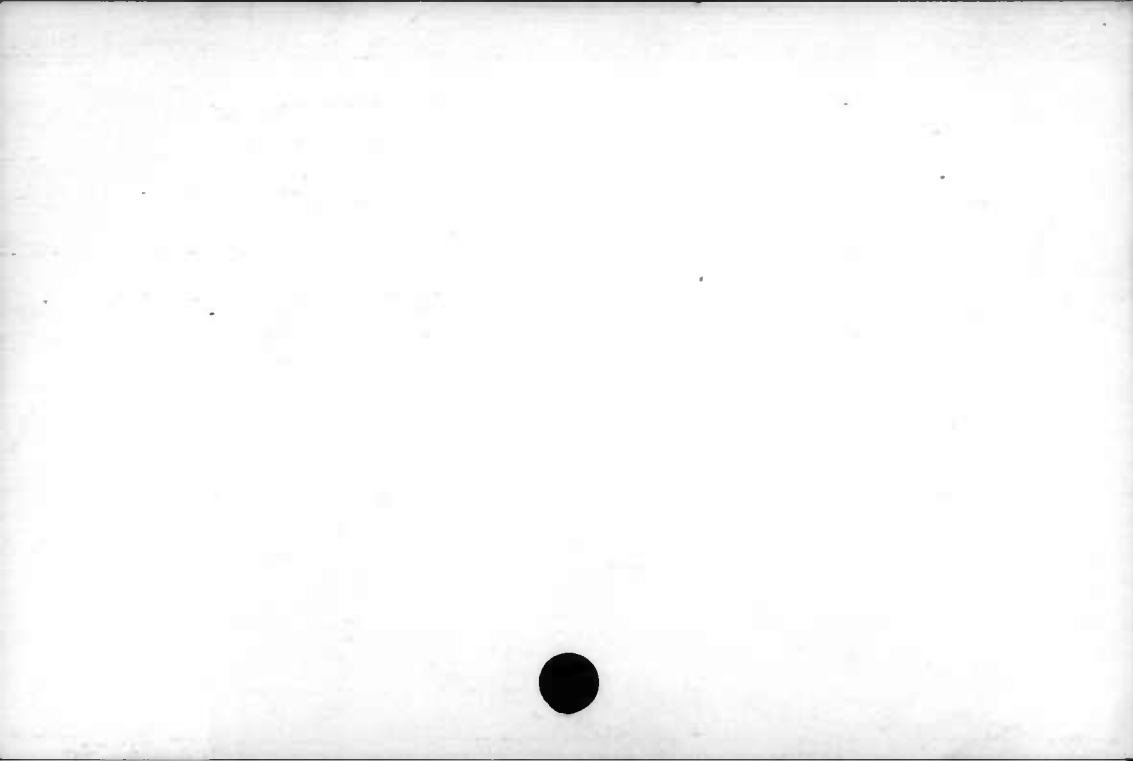
MARYLAND

Died at		Town Hebron		County Wicomico			
Date of death	1907	Month Feb	Day 17	Age	16	Months	Days
Sex	Male		Color or Race	White		Birth- place	Rock A-walking
Occupation	Farmer			Where Residing if not at place of death		Hebron	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		D. L. Trader				Father's Birthplace	
Mother's Maiden Name		M. C. Trader				Mother's Birthplace	
Name of person giving In formation		Son, G. W. Trader				How related to deceased	
						H. Trader	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	(93)		How long
Immediate	Pneumonia		How long
Are the name, age, sex, color, date and place correctly given above?		Yes	2 weeks
Signature of Physician		H. C. Comaway	
Address		Hebron	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Lula Willing</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Died at <i>Salisbury</i>		Month <i>Feb</i>		Day <i>19</i>		Years <i>7</i>	
Date of death <i>1907</i>		Month <i>Feb</i>		Day <i>19</i>		Years <i>7</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Ind</i>		Months <i>7</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>Geo A Willing</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Rosa Davis</i>		Name of person giving information <i>Geo A Willing</i>		Mother's Birthplace <i>Wa</i>		How related to deceased <i>Father</i>	

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Bronch Pneumonia</i>	How long <i>2 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry P. Lee</i>
	Address <i>Salisbury Md</i>
Accident or Suicide? <i>—</i>	

